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Rural District of Horncastle

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1946

Horncastle Rural District Council.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

1946

Including Certain Figures for the Years 1944 & 1945

This Report is prepared in accordance with Articles 6 (3) and 17 (5) of the Sanitary Officers (outside London) Regulations, 1935, and Article 14 (3) of the Sanitary Officers Order 1926, and Circular 13/47 dated 13th March, 1947, of the Ministry of Health.

Figures for the years 1944 and 1945, for which Reports were not prepared are included under the Authority of the Ministry of Health letters No. 3B (2) 2158/10000 of 28th November, 1946 and of 13th December, 1946,

PUBLIC HEALTH OFFICERS

Medical Officer of Health :


G. A. W. NEILL, T.D., M.D., B.Ch., B.A.O., D.P.H., Barrister at Law

Sanitary Inspector :

F. W. HARPER, A.R., San.I., M.S.I.A.

Housing Investigator :

MRS. J. V. SPENCER.



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To the Chairman and Members Horncastle Rural District Council.

Mr. Chairman, Miss Hall and Gentlemen,

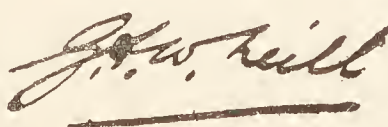
I have the honour to present to you the Annual Report of the Medical Officer of Health for the year ended 31st December, 1946, including as well certain figures for the years 1944 and 1945. This Report is prepared in accordance with the various statutory requirements and directions.

In preparing the Report every effort has been made to avoid the inclusion of redundant matter, and to confine comment to those objects where it is felt to be merited. This has been done on the grounds of economy, to keep the cost of preparation as low as possible.

On looking through the finished Report it appears that most comment comes under the head of "Sanitary Circumstances." It is unfortunate that the Council's efforts to secure an additional Sanitary Inspector have so far been unsuccessful. Without doubt adequate Sanitary Inspection would play a large part in improving conditions and bringing them into line with modern recognised standards. I have not hesitated to suggest the early separation of the Surveyor's duties from those of the Sanitary Inspector as I feel sure that in view of the size of the area and possible future developments it will ultimately become impossible for the present arrangements to continue.

It is the last Report I shall make to the Council as Medical Officer of Health, and in submitting it I should like to thank the Council and its officials for the kindness I have received from them during my sojourn in Lincolnshire. I shall look back with pleasure on the relations which have existed between the Horncastle Rural District Council and myself.

Your obedient Servant,



24th June, 1947.

Medical Officer of Health.

AREA OF RURAL DISTRICT: 114,629.

STATISTICS

AREA OF RURAL DISTRICT: 114,629.

REGISTRAR GENERAL'S ESTIMATE OF RESIDENT POPULATION: 11,410.

DENSITY OF POPULATION: 0.10 per acre.

NUMBER OF INHABITED HOUSES: 3,460.

SUM REPRESENTED BY PENNY RATE: £159 7s. 0d.

RATEABLE VALUE OF RURAL DISTRICT: £37,923

LIVE BIRTHS.

		1944			1945		1946			
		Males	Females	Total	Males	Females	Total	Males	Females	Total
Legitimate	...	85	102	187	88	82	170	102	93	195
Illegitimate	...	8	10	18	9	3	12	11	12	23

Birth Rate per thousand estimated population:	1944	1945	1946
	18.84	16.47	19.11

1944

		1944			1945		1946			
		Males	Females	Total	Males	Females	Total	Males	Females	Total
Legitimate	...	1	—	1	4	2	6	7	3	10
Illegitimate	...	1	—	1	1	—	1	—	—	—

	1944	1945	1946
1. <i>General</i>			
2. <i>Specific</i>			
3. <i>Other</i>			
4. <i>Summary</i>			
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Still Birth	Birth Rate per thousand total	(Live and StillBirths):	9.661	37.03	43.85.
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	Total Birth Rate (Live and Still)	per thousand population	19.02	17.11	19.98

DEATHS

	1944	1945		1946	
Males	Females	Total	Males	Females	Total
85	60	145	71	68	139
			71	64	135
Crude Death Rate per thousand population:	1944, 13.32; 1945, 12.58; 1946, 11.83				

MATERNAL MORTALITY.

Number of Women dying as a result of childbirth.

(Headings No. 29 and 30 in the Registrar General's Short List)

	Deaths			Rates per thousand total births.		
	1944	1945	1946	1944	1945	1946
No. 29 Puerperal Sepsis	—	—	—	—	—	—
No. 30 Other Puerperal Causes	—	—	—	—	—	—
Maternal Mortality Rate per 1,000 total Births (Live and Still)	00.00	00.00	00.00

DEATH RATE OF INFANTS UNDER ONE YEAR OF AGE.

	1944	1945	1946
All infants per 1,000 live births
Legitimate infants per 1,000 legitimate births
Illegitimate infants per 1,000 illegitimate births
Total numbers of deaths of infants under one year

OTHER STATISTICS

	1944	1945	1946
Deaths from Cancer (all ages)
Measles (all ages)
Whooping Cough
Diarrhoea (under 2 years)
Heart Disease (all ages)

CAUSES OF DEATH AS SHOWN IN THE REGISTRAR GENERAL'S SHORT LIST

Causes of Death

		1944			1945			1946		
		M	F	Total	M	F	Total	M	F	Total
1.	Typhoid and Paratyphoid	—	—	—	—	—	—	—	—	—
2.	Cerebro Spinal Fever	—	—	—	—	—	—	—	—	—
3.	Scarlet Fever	—	—	—	—	—	—	—	—	—
4.	Whooping Cough	—	—	—	—	—	—	—	—	—
5.	Diphtheria	—	—	—	—	—	—	1	—	1
6.	Tuberculosis of the Respiratory System	—	2	2	1	2	3	1	1	2
7.	Other forms of Tuberculosis	1	1	2	—	—	—	—	—	—
8.	Syphilitic Diseases	—	—	—	—	1	1	—	—	—
9.	Influenza	2	4	6	—	—	—	4	2	6
10.	Measles	—	—	—	—	—	—	—	—	—
11.	Acute Poliomyelitis and Polioencephalitis	—	—	—	—	—	—	—	—	—
12.	Acute Infectious Encephalitis	—	—	—	—	—	—	—	—	—
13.	Cancer of Buccal Cavity and Oesophagus (male) and uterus (female)	3	2	5	1	1	2	—	1	1
14.	Cancer of Stomach and Duodenum	1	1	2	—	2	3	1	1	2
15.	Cancer of Breast	—	3	3	—	3	3	—	2	2
16.	Cancer of all other Sites	10	8	18	7	5	12	4	5	9
17.	Diabetes	—	1	1	—	—	1	—	—	—
18.	Intra Cranial Vascular Lesions	14	12	26	8	5	13	5	10	15
19.	Heart Disease	22	11	33	19	27	46	27	16	43
20.	Other Diseases of the Circulatory System	3	2	5	2	3	5	2	5	7
21.	Bronchitis	6	3	9	4	5	9	4	3	7
22.	Pneumonia	5	—	5	3	1	4	2	2	4
23.	Other Respiratory Diseases	2	—	2	—	1	1	—	2	2
24.	Ulcer of Stomach or Duodenum	—	—	—	2	—	2	—	—	—
25.	Diarrhoea under 2 years	—	—	—	—	—	—	1	—	1
26.	Appendicitis	1	—	1	—	—	—	—	—	—
27.	Other Digestive Diseases	3	1	4	2	1	3	—	3	3
28.	Nephritis	—	—	—	—	1	1	2	1	3
29.	Puerperal and Post-abortion Sepsis	—	—	—	—	—	—	—	—	—
30.	Other Maternal Causes	—	—	—	—	—	—	—	—	—
31.	Premature Birth	1	—	1	2	1	3	—	2	2
32.	Congenital Malformation, Birth Injury Infantile Diseases	2	1	3	1	—	1	2	2	4
33.	Suicide	1	—	1	1	1	2	3	—	3
34.	Road Traffic Accidents	1	1	2	1	—	1	2	—	2
35.	Other Violent Causes	2	—	2	4	1	5	—	—	—
36.	All Other Causes	5	7	12	9	7	16	9	6	15

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

NURSING IN THE HOME.

Adequate nursing facilities are provided by the Lincolnshire Nursing Association in conjunction with the Lindsey County Council. In all some nine District Nurses are available for the Rural District. The County Council's Infectious Diseases Nurse is available for home nursing of certain infectious diseases.

LABORATORY FACILITIES.

As regards Bacteriological investigations, these are adequately provided by the Emergency Public Health Laboratory, Technical College, Lincoln. Chemical Analyses when necessary have been carried out by Mr. W. W. Taylor, Analyst, Nottingham.

AMBULANCE FACILITIES.

(a) *Accident and General*

Two ambulances maintained by voluntary subscription are available in the Rural District. These are:

- (1) The British Red Cross ambulance which is garaged at the Ship Hotel, Horncastle.
- (2) The Woodhall Spa ambulance which is available for some of the Parishes in the Southern part of the District, where some of the residents subscribe towards its maintenance. It is garaged at Fuller's Garage, Woodhall Spa.

(b) *Infectious Diseases.*

The North East Lindsey Joint Board provide an infectious diseases ambulance when it is required.

TREATMENT CENTRES AND CLINICS.

The Lindsey County Council, as Maternity and Child Welfare Authority, Education Authority and Tuberculosis Authority, provides the Treatment Centres and Clinics appropriate to the obligations imposed upon it by statute in regard to its functions in these capacities.

The principal Clinic and Centre for these services is at Rolleston House, Horncastle, and the days and times are as follows:—

<i>Clinic</i>	<i>Day and Time</i>
School Clinic (Minor Ailments)	Thursday 10 a.m.
Tuberculosis Dispensary	Thursday 10 a.m.
Ophthalmic	By arrangement.
Dental	By arrangement.

Other Services available by arrangement at other Centres:—

Rheumatic and Heart Disease Clinic.
Ultra Violet Light Orthopaedic.
Venereal Diseases.

For residents in the outlying parts of the District the County Council's Clinic Facilities are available as follows:—

Lincoln—Maternity and Child Welfare, School Clinic and Tuberculosis Dispensary—Fridays 10 a.m.

Louth — Maternity and Child Welfare, Fridays.
Tuberculosis Dispensary, Wednesday 10 a.m.
School Clinic, Wednesday 2 p.m.

Spilsby — School Clinic and Tuberculosis Dispensary, Monday 10 a.m.
Maternity and Child Welfare, first and third Wednesdays
in month, 2 p.m.

There is only one part of the area which these arrangements have not proved completely adequate, namely the parishes of Wildmore, Tattershall and Coningsby. The suggestion that the establishment of a Clinic in this vicinity would be a welcome addition to the service provided was made in the Annual Report for 1938, but nothing was done on account of the outbreak of the war. In recent months the question has once more arisen largely on account of the fact that travelling facilities to Horncastle on the appropriate day are virtually non-existent. An approach has therefore been made to the Lindsey County Council requesting the establishment of School and Infant Welfare Clinics at Coningsby. There is every reason to believe that this suggestion will receive favourable consideration and that these facilities will be available in the near future.

HOSPITALS

GENERAL HOSPITALS.

The County Infirmary, Louth, under County Administration, is available for the inhabitants of the Rural District.

The Horncastle War Memorial Hospital and Dispensary, the Louth and District Hospital, the Boston General Hospital and the County Hospital, Lincoln, are voluntary hospitals which provide services for and collect funds in the Rural District. Amongst them an adequate service is provided both for inpatients and outpatients.

INFECTIOUS DISEASES HOSPITALS.

Although no Isolation Hospital exists in the Rural District, an adequate service is provided by the North East Lindsey Joint Hospital Board, of which the Rural District Council is a Constituent Authority. The Board maintains a small hospital of its own at Osgodby, near Market Rasen, and has an arrangement with the Grimsby Corporation whereby the additional accommodation is available. These arrangements work extremely well, and no difficulty has been experienced in obtaining immediate isolation and treatment of cases of infectious disease.

Smallpox accommodation is available through the Lincoln and Lindsey Joint Smallpox Board, of which the Council is a Member Authority.

TUBERCULOSIS HOSPITALS.

As with all other arrangements for the treatment of Tuberculosis, Hospital and Sanatorium Treatment are arranged by the Lindsey County Council either in its own institutions at Branston, Louth, or Brumby or by arrangements with other Authorities.

MATERNITY HOSPITALS.

Maternity Hospital Treatment is provided by the Lindsey County Council as Maternity and Child Welfare Authority for the District.

SANITARY CIRCUMSTANCES OF AREA

WATER SUPPLIES.

There is at present no comprehensive scheme for the supply of water in the Rural District. There are, however, two schemes in existence, of which one supplies the parishes of Wragby, East and West Barkwith and Langton by Wragby in the North West of the area, and another which supplies the parishes of Revesby, Mareham-le-Fen, Coningsby Tattershall and Tattershall Thorpe. These may be considered separately.

THE WRAGBY SCHEME

The source of this supply is a spring situated on a hillside at Benniworth. The spring is on the South West slope of a hill, and is surrounded by pasture land. There is an area of two acres fenced off surrounding the spring to protect it from animal contamination. This area, it is felt, is not sufficiently large, is somewhat waterlogged, and does not reach to the top of the slope. During the year the fencing was broken down, and patches of cow manure were observed within six feet of the spring.

The water main passes from the spring across a small valley to a reservoir of 12,000 gallons capacity situated on another hill, and from thence to the distribution mains.

Analyses taken from the supply were as follows:—

Date	Plate Count	B. Coli		Report
		Non faecal	Faecal	
16. 1.46	6	3	1	Unsatisfactory.
5. 2.46	5	17	—	No evidence of faecal pollution
19. 9.46	28	25	5	Unsatisfactory
2.10.46	5	35	1	Doubtful
17.10.46	15	25	0	No evidence faecal pollution
25.10.46	10	130	0	No evidence faecal pollution
5.11.46	14	25	13	Unsatisfactory
12.11.46	3	5	0	No evidence faecal pollution
18.12.46	4	0	0	No evidence faecal pollution

A chemical examination done on the sample taken on 19th September by Mr. W. W. Taylor, of Nottingham, showed saline and albuminoid ammonia figures high enough to suggest organic pollution.

These were reported to the Council and following the one of 5.11.46 an investigation was carried out, and it was found that the principal supply main had been fractured by a tractor passing over it. As a result of this notices were posted advising the consumers to boil water for drinking purposes. The Council was advised to install a small chlorination apparatus as an emergency measure to deal with what appears to be casual pollution, as examination of these analyses shows that pollution had occurred before this accident. It is felt very strongly that, small though this scheme is, it should be examined closely by the Council's Consulting Engineer with regard to the better protection of the gathering grounds and the installation of means of purification.

This is felt to be a matter of some importance in view of the suggestion that this supply be included in the comprehensive scheme for the Rural District.

An extension of some 1,690 yards of 3in. main was added to this scheme to supply the parish of Langton by Wragby.

CONINGSBY TATTERSHALL SCHEME

The parishes in the South Eastern portion of the District are supplied by water purchased in bulk from the Boston Corporation's scheme (Revesby Reservoir). This water is very carefully supervised by the Boston Corporation Water Engineer, Mr. D. H. Ball, and is supplied in a high state of purity. A tribute should be paid here and now to Mr. Ball for the ready co-operation he always shows in assisting in maintaining a satisfactory supply after the water from his scheme has passed into the Council's mains.

In addition to the frequent analyses taken by Mr. Ball at the Revesby Reservoir, which have always shown the treated water to be satisfactory, casual samples were taken from various parts of the scheme as follows:—

Date	Place	Plate Count	B.Coli Non faecal	B.Coli Faecal	Report
16. 1.46	Coningsby	... 50	0	0	Satisfactory
8.10.46	Mareham-le-Fen	... 20	13	0	No evidence of faecal pollution
16.10.46	Tattershall Thorpe	... 5	50	50	
29.10.46	Coningsby	... 20	1	0	Satisfactory
29.10.46	Tattershall Thorpe	... 17	0	0	Satisfactory
4.11.46	Revesby	... 5	0	0	Satisfactory

Chemical examination of the sample of 29.10.46 emphasised the need for constant chlorination and revealed evidence in the form of Iron Oxide for need for much more frequent attention to the Council's mains. This it would appear was the cause of the unsatisfactory report, and the matter was brought to the notice of the Water Committee.

Several small extensions of this scheme have been completed during 1946.

WOODHALL SPA U.D.C. SCHEME

Parts of several parishes bounding the Woodhall Spa U.D.C. receive their water supply from this scheme. The monthly analyses of this water have been consistently good. On this account the Woodhal Spa Council's decision to extend its mains to cover its entire statutory area of supply including the parishes of Old Woodhall, Roughton, Kirkby-on-Bain, parts of Tattershall Thorpe and Kirkstead is welcomed. A small "loop" extension from the Woodhall supply completed during 1946 passes through part of the parish of Kirkstead.

HORNCastle WATER COMPANY'S SCHEME

The parishes of West Ashby, Hemingby, and Thimbleby are in the statutory area of supply of the Horncastle Water Company (Horn-castle Water Act, 1882). The situation here is most unsatisfactory. Neither Hemingby nor Thimbleby gain any appreciable advantage from their being included, whilst in West Ashby such houses as are connected to the mains receive only a very intermittent supply on account of the lack of pressure. Analyses of the supply have shown evidence of faecal pollution on several occasions. The Headworks of this undertaking have been examined during 1946 by Engineers employed both by the Horncastle U.D.C. and the Water Company. The reports of both engineers have revealed that very considerable work must be carried out at the Headworks to enable this undertaking to fulfil the obligations imposed on it by the Act under which it operates.

OTHER SUPPLIES

Those parishes of the Rural District not included in any of the above mentioned schemes are entirely dependent on private wells and village pumps for their water supplies. During 1946 samples of a number of these have been submitted for Bacteriological examination, and this has revealed a most unsatisfactory state of affairs. The samples submitted were as follows:

Parish	Taken	Satisfactory	Polluted
Bucknall	4	1	3
Fulletby	1	—	3
Gautby	1	1	—
Greetham	1	—	1
Hagworthingham ...	1	—	1
High Toynton	1	—	1
Kirkby-on-Bain	1	—	1
Horsington	7	—	7
Lusby	1	—	1
Mareham-on-the-Hill	2	1	1
Minting	1	—	1
Moorby	2	1	1
Roughton	1	1	—
Stixwould	1	—	1
Sturton	2	2	—
Waddingworth	1	—	1
Winceby	1	—	1
Wood Enderby	1	1	—
Totals	30	8	22

FUTURE DEVELOPMENTS.

The Council's Consulting Engineer, Mr. T. H. Tyson, has prepared a comprehensive scheme which has been approved by the Council for the supply of all the important villages in the Rural District. Originally it was intended to take the necessary water from the River Bain at Market Bridge in the Parish of Sturton, and install the works necessary to purify this for human consumption. To this end several samples of the river water were taken and analysed. This revealed that very thorough treatment would be necessary. Ultimately it was decided to purchase water in bulk from the proposed scheme of the Louth Rural District Council. Satisfactory progress in view of the magnitude of the scheme is being made.

As regards the parishes in the South West of the District where for many years the water supply situation has been serious (Horsington, Bucknall and Stixwould) the Council has decided to commence the scheme in this part of the District and has already procured some of the material necessary. An agreement has been reached with the Welton Rural District Council, whose water mains approach this area closely, for a bulk supply at the R.D.C. boundary to be available as soon as the mains are completed. This part of the scheme is to have priority, and approval for this has been granted by the Ministry of Health.

Following adverse reports on the supply provided by the Horncastle Water Company both in the Rural District and in the adjacent Urban District, representatives of the Authorities concerned were invited to a conference at the Ministry of Health in London, during October, 1946. At the conference the suggestion that a joint water board be formed to ensure more uniform and improved water supplies

in the area was made. Since then the Rural District Council has accepted the suggestion.

There is no doubt whatsoever that a Joint Water Board, even if it only consisted of the Horncastle Rural and Urban District Councils, would be a great advantage to the inhabitants of both. If more Authorities were included so much the better.

The principal advantage of any such board would be the fact that the revenue would justify the employment of a wholetime trained water engineer to supervise and manage the constituent undertakings. In such circumstances it is unlikely that suggestions would again be received from analysts that contamination is due to lack of attention to mains and that doubts would arise to the adequacy of protection of the Wragby Scheme gathering grounds. It is to be hoped that every step will be taken to ensure the formation of the proposed board at the earliest possible date.

INDIVIDUAL SUPPLIES.

Over 400 houses are directly connected with the mains, and the number is increasing monthly. There are no houses supplied by standpipes.

SEWAGE DISPOSAL

At present there is no comprehensive sewage disposal scheme in any of the parishes comprising the Rural District. In Coningsby some ten houses are connected to a septic tank and tipper system. In Wragby the sewage disposal is arranged through several open ditches which proved somewhat troublesome in the early months of 1946.

The Council has, however, caused the whole district to be surveyed by Mr. Haiste, Consulting Engineer, of Leeds, during 1945 with a view to determining the best means of dealing with the sewage disposal problem in the Rural District. Mr. Haiste's report dealt fully with the entire Rural District and set out separate schemes for the larger parishes and groups of parishes. He suggested that three schemes (Coningsby with Tattershall and Tattershall Thorpe; Wragby; and Mareham-le-Fen with Revesby) should be considered as most urgent. The Council has acted upon these suggestions and is proceeding with the Coningsby, Tattershall and Tattershall Thorpe scheme by acquiring the R.A.F. disposal plant, provided during the war for the aerodrome with a view to adopting it. As to the Wragby and Mareham-le-Fen schemes, negotiations for the acquisition of the necessary land for the respective disposal works have been initiated.

Though so far these schemes have not proceeded further than the drawing board stage, the Council is most anxious to avail itself of the opportunities offered by the Rural Water and Sewage Act, 1944, and there is every reason to believe that, despite the difficulties unseparable from such a widely scattered Rural area the day is not far distant when every village in the District of over 100 population will have a modern means of sewage disposal, though of course the larger ones must come first.

RIVERS AND STREAMS.

In the Northern part of the Rural District the principal water courses are the Rivers Bain and Waring. These receive no appreciable industrial effluents during their course through the Rural District. The effluent from the Horncastle Urban District Council's sewage disposal plant passes into the Bain and several analyses have

shown figures below the standards required by the Royal Commissioners. This matter is being dealt with by the Authority concerned in consultation with the Lindsey County Council.

In the Southern part of the District there are many "drains" taking water to the River Witham which forms the Southern Boundary of the District. This river has been the subject of much detailed observation by the County Health Inspector, who has published several exhaustive reports on it.

CLOSET ACCOMMODATION.

Building difficulties since the war have hampered conversions to the carriage water system. However, until the water and sewage schemes already mentioned come into operation, it is unlikely that there will be any appreciable number of conversions to report. Meanwhile the existing buildings in the district will continue with the present arrangements of privies and bucket closets.

It is gratifying to see that all new buildings are being provided with W.C's.

A W.C. was installed in one Council house to replace a bucket closet on special representation by the M.O.H. to the Council.

HOUSE REFUSE COLLECTION

A small scheme for collection and disposal is in operation in Wragby where the work is done by a contractor. During the year discussions took place for the preparation of a scheme for Coningsby, and a special Sub-Committee has been appointed, and is examining the circumstances and carrying out negotiations with the Coningsby Parish Council.

SANITARY INSPECTION OF AREA

The general Sanitary Inspection of the Rural District is in a most unsatisfactory condition. This is entirely due to the shortage of personnel. The position is further aggravated by the fact that the Sanitary Inspector also holds the appointment of Building Surveyor.

In 1939 the Council employed a Sanitary Inspector Surveyor and an additional Sanitary Inspector. With this it was just possible to deal with the work occurring in the district. From 1944 onwards only the Sanitary Inspector and Surveyor has been available but in addition to this all the work entailed by the legislation in the "Control of Civil Building" has devolved upon him as has also the surveying work connected with the Council's duties as Interim Development Authority under the Town and Country Planning Act, 1944. As well as this he is responsible for the supervision of work on the various Council houses at present in the course of erection. With the cessation of hostilities and the general desire of all property owners to obtain licenses to repair their property a kind of inspection work totally unconnected with the ordinary sanitary inspection has arisen. It is for the "Building Surveyor" to report whether or not the condition of any given premises is such as to justify the granting of a license. These inspections are made on the direct instructions of the Council. The result is that this work is done and Routine Sanitary Inspection is not. The Sanitary Inspector cannot perform his Sanitary duties in one place and his Surveying duties in another at one and the same time.

The circumstances have been explained to the Council and advertisements have been issued for the appointment of Additional Sanitary Inspector without result. There is no doubt that the combination of the appointments of Building Surveyor and Sanitary

Inspector is undesirable, as it is difficult for the person concerned to allocate a fair proportion of his time to each branch and sooner or later the present position is reached where 1/16 of the Inspector's salary is in respect of his work as Building Surveyor and yet he finds himself obliged to spend at least 12/16 of his time on building duties.

A solution to the difficulties would appear to be the appointment of a Building Surveyor as well as a Sanitary Inspector, and the formation of a joint Committee with the adjacent Authorities under the powers conferred by the Public Health Act, 1936 Sec. 6 for the purposes of Sanitary Inspection of the combined Districts. In this way it would be possible to arrange an efficient system of Sanitary Inspection for all areas concerned at a minimum expenditure of manpower. This consideration is recommended to the Council for consideration and adoption.

SUMMARY OF INSPECTIONS.

	1944	1945	1946
Nuisances	69	55	36
Unsound Food	12	17	14
Infectious Diseases	16	16	42
Offensive Trades	2	3	2
Bakehouses	17	20	10
Cowsheds and Dairies	97	24	32
Shops' Acts	5	7	8
Drains and Sewers	24	42	47
Water Supplies	23	36	10
Moveable Dwellings	7	13	10
Rats and Mice	5	11	3
	—	—	—
Totals	277	244	214
	—	—	—

SANITARY IMPROVEMENTS CARRIED OUT

	1944	1945	1946
Drains repaired, cleansed, etc. ...	18	34	27
Drains re-laid	5	3	4
New soil or vent pipes fixed ...	1	7	15
Privies converted to W.C.'s ...	2	4	13
Privy or W.C. buildings repaired	12	24	23
New wells sunk	4	—	1
Wells repaired	3	9	6
Yards paved or paving repaired ...	3	—	—
New sewers laid	—	—	6
Accumulations removed	3	5	3
Ditches and ponds cleansed ...	13	11	10
Animals removed	1	2	2
Dampness remedied	3	7	2
Cesspools rendered impervious ...	—	—	—
Cesspools emptied, cleansed, etc	73	17	20
	—	—	—
	141	123	132
	—	—	—

NOTICES SERVED

	1944	1945	1946
Informal Intimations	51	25	17
Statutory Notices under Sec. 9 of the Housing Act, 1936 ...	—	—	—
Total	51	25	17
	—	—	—

FACTORIES AND WORKSHOPS.

Inspections in accordance with the Factories Act, 1937, were carried out as follows:—

	Inspections			Written Notices		
	1944	1945	1946	1944	1945	1946
Factories with power	Nil	6	5	Nil	4	Nil
Without power	Nil	10	7	Nil	1	Nil
Total	Nil	16	12	Nil	5	Nil

Notices served were as follows:—

Cleansing and Whitewashing	3
Lavatory Accommodation	- 3
Total - - -	6

HOUSING

A. NEW HOUSES

	1944	1945	1946
By Local Authority	10	4	4
By Private Enterprise	—	—	3

UNDER CONSTRUCTION ON 1st JANUARY, 1947.

Local Authority—32.
 Private Enterprise—10

B. EXISTING HOUSES.

In accordance with the recommendations of the “Hobhouse Report,” a Survey of Housing Conditions in the Rural District was undertaken in September, 1945. To this end a specially trained Lady Investigator was appointed, and by January 1947, 2,708 houses had been inspected out of a total of 3,312 to be inspected.

The results of inspection then were as follows:—

Category I Houses fit in all respects ...	129
II Houses with minor defects only	552
III Houses requiring structural alterations or repairs	1395
IV Houses requiring to be re-conditioned	387
V Houses requiring to be demolished	245

In addition to this survey the usual inspections were carried out under the Housing and Public Health Acts, though on a reduced scale owing to the difficulties already referred to.

The results of inspection were as follows:—

1. INSPECTION OF DWELLING HOUSES DURING THE THREE YEARS.

	1944	1945	1946
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	28	41	32
(b) Number of inspections made for the purpose	65	57	47

(2) (a) No. of dwelling-houses (included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	21	—	—
(b) No. of inspections made for the purpose				52	—	—
(3) No. of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...		—	—	—
(4) No. of dwelling-houses (exclusive to those referred to under the preceding Sub-head) not to be in all respects reasonably fit for human habitation	...	...	...	25	36	28
2. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.						
No. of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	...	...	...	22	28	24
3. ACTION UNDER STATUTORY POWERS.						
No action taken under Statutory Powers in either 1944, 1945 or 1946.						
4. HOUSING ACT, 1936—PART IV—OVERCROWDING.						
No inspections under this heading have been done during 1944, 1945, or 1946.						
No new cases of overcrowding have been reported.						

CONTROL AND SUPERVISION OF FOOD

MILK SUPPLIES.

There are 286 dairies in the Rural District but regular routine inspection of these with the personnel at present available is impossible. All that can be done is to inspect those for which some special reason for examination arises, such as an adverse bacteriological report.

MEAT.

All meat for sale is slaughtered under the Ministry of Food Centralised Slaughtering Scheme. There is no central slaughter house in the Rural District. The Sanitary Inspector of the Rural District, until the end of 1946, took a share in the inspection of meat at the Horncastle Depot and slaughter house.

ICE CREAM.

It was found early in 1946 that no register of ice cream manufacturers or sellers had been kept in the Rural District in accordance with the Food and Drugs Act 1938, Sec. 14. Steps were taken to remedy this and all premises were found on inspection to be in satisfactory condition.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Throughout the three years there was no serious outbreak of infectious disease in the Rural District.

In December, 1945, and January 1946, there were 5 cases of Diphtheria in the Parish of Wildmore. The local school was swabbed "en mass," and as a result of this two carriers were found. They were isolated until free from infection. Once they were excluded from school no more cases occurred. The one death from this disease during the whole three years occurred amongst these cases. The child concerned was not immunised.

About the same time, latter months of 1945 and early in 1946, there were a number of cases of Scarlet Fever in the North Western portion of the Rural District. A Bacteriological investigation into the types of Haemolytic Streptococcus involved produced inconclusive results and failed to show any relationship between the cases.

Measles showed a comparatively high incidence in the first part of 1945 and Whooping Cough in 1944.

One case of Enteric occurred in the Parish of Wiagby in September 1946, but was notified to the Medical Officer of Health of Lincoln County Borough, as the patient was sent originally to a general hospital in Lincoln for investigation.

Phage Type investigations were carried out and the organism concerned was identified as *B. Paratyphosum* B. Phage Type 3A. Widal and stool tests were carried out on the contacts and one convalescent ambulant case was detected. This was considered to be the source of infection and certain other evidence confirmed this view.

Unfortunately the patient on recovering remained a carrier and as she is engaged in the preparation of food sale it was necessary for the Local Authority to serve a notice under Clause 2 (ii) of part III Public Regulations, 1927.

The one service case of Enteric notified during 1946 was in a German P.O.W. Camp, and was dealt with by the Military Authorities. The prisoner concerned had not been living or working in the Rural District during the incubation period.

INFECTIOUS DISEASE NOTIFICATIONS 1944, 1945, 1946

Disease	Treated in															Deaths		
	Civilian						Service						Hospital			1944	1945	1946
	1944	1945	1946	1944	1945	1946	1944	1945	1946	1944	1945	1946						
Scarlet Fever	...	9	13	16	...	...	...	2	1	...	5	6	10	...	...	...
Diphtheria	...	1	3	3	...	1	...	...	...	...	2	2	3	...	...	1
Enteric	1	...	...	...	...	...	...	...
Pneumonia	...	6	8	17	...	...	4	2	...	2	...	...	...	2	1	2
Puerperal Pyrexia	2	...	...	...	...	...	...	2	...	...	...	...	...	...
Erysipelas	...	3	8	1	...	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Malaria	7	...	...	3	...	...	...	...	...	...
Infective Hepatitis	8	...	...	1	...	...	...	...	...	...
Catarrhal Jaundice	5	1	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum	1	1	...	...	...	...	...	...	...	...	1	...	...	...
Cerebro Spinal Fever	1	...	...	...	...	...	...	...	...	1	...	...	...
Measles	...	5	108	11	...	...	6	...	...	...	...	...	...	...	...	...
Whooping Cough	...	83	46	15	...	...	...	...	...	...	...	...	...	...	...	...

IMMUNISATION AGAINST DIPHTHERIA.

During the war years much work was done towards securing immunisation against Diphtheria of children under 15 years of age, both those attending school and pre-school children.

Unfortunately it was found that records were far from complete and efforts were made to correct this deficiency. This was due to the fact that several different people had been responsible for this work, and each had a particular method of his own of recording this work

The Ministry of Health method of recording as set out in Circular 193/45 was adopted and steps were taken to obtain records of those not already available. This involved many hours of work that could have been avoided by careful record keeping. This was done as a preliminary to offering reinforcing doses to all those children whose parents desire it. One feature of minor importance during the year was the provision by the Council of sweets to be given to every child on the occasion of immunisation.

None of the civilian cases of Diphtheria shown in this report were immunised. One case of suspected Diphtheria in an immunised patient was notified in 1946. This case was admitted to hospital for investigation and proved on investigation to be one of acute streptococcal tonsilitis.

	1944		1945		1946	
	0-5	5-15	0-5	5-15	0-5	5-15
No. of children immunised in the Rural District	375	1090	289	1074	458	1390

TUBERCULOSIS

During the three years under consideration there has been no abnormal incidence of Tuberculosis in the Rural District.

The tabular analysis below shows the position as regards notifications and deaths from this disease. No action was taken nor was any necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under the Public Health Act 1936, Sec. 172.

New Cases Deaths

Age	Pulmonary						Non Pulmonary						Pulmonary						Non Pulmonary					
	1944		1945		1946		1944		1945		1946		1944		1945		1946		1944		1945		1946	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0-1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1-5	—	—	1	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5-10	—	—	2	—	—	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10-15	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15-25	2	—	2	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25-35	—	3	1	1	3	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
35-45	1	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45-55	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
55-65	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
65 & Over	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	4	7	8	5	7	1	3	2	5	4	4	5	Nil	2	1	2	1	Nil	1	Nil	2	Nil	Nil	Nil

Cases on the Register at the end of 1946:

	Pulmonary	...	Males	Females	Total
	41	26	67
Non pulmonary	18	14	32
			59	40	99

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